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CONFIRMATION NO. 9372

<b>SERIAL NUMBER</b> 10/796,287	<b>FILING OR 371(c) DATE</b> 03/10/2004 <b>RULE</b>	<b>CLASS</b> 602	<b>GROUP ART UNIT</b> 3743	<b>ATTORNEY DOCKET NO.</b> 03100198AA	
<b>APPLICANTS</b> Klaus Lidolt, Duderstadt, GERMANY; Matthias Schilling, Weissenborn-Luderode, GERMANY;					
<b>** CONTINUING DATA</b> <i>me</i> <i>SA</i> *****					
<b>** FOREIGN APPLICATIONS</b> <i>yes</i> <i>SA</i> ***** GERMANY 103 11 187.5 03/12/2003					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/31/2004</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowable <i>SA</i> Verified and Acknowledged <i>SA</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> <i>7</i>	<b>TOTAL CLAIMS</b> <i>8 SA 10</i>	<b>INDEPENDENT CLAIMS</b> <i>1</i>
<b>ADDRESS</b> 30743					
<b>TITLE</b> Orthopedic aid with a locking device					
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		